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**DECLARATION FOR UTILITY OR** 

Application Number(s)

600-081CONCIP

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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Attorney Docket Number

DESIGN	First Named Inv	First Named Inventor Daniel Hawiger					
PATENT APPLICATION (37 CFR 1.63)		co	COMPLETE IF KNOWN				
		Application Num	ber				
		Filing Date					
☑ Declaration ☐ Submitted <b>OR</b>	Declaration Submitted after Initial	Group Art Unit					
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name					
As a below named inventor, I he							
•	•						
My residence, mailing address, an	•	·					
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only on piect matter which is clair	e name is listed below) on med and for which a pate	or an original, firs ent is sought on t	t and joint invent he invention entit	or (if plural led:		
Enhanced Antigen Deliv	<del></del>						
	<b>y</b>		•				
	(Ti	itle of the Invention)					
the specification of which							
is attached hereto OR as United States Application Number or PCT International							
was filed on (MM/DD/YYYY)							
Application Number and was amended on (MM/DD/YYYY) (if applicable).							
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.							
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.							
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO		
Additional foreign application	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							

Filing Date (MM/DD/YYYY)

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:	ustomer Nun Bar Code L	,	23565		OR .	Correspondence address below	
Name							
Address							
Address							
City				State		ZIP	
Country		Telephon	phone F			Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful ralse statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
NAME OF SOLE OR FIRST INVENTOR:				ed for this unsigned inventor			
				Family Name Hawiger or Surname			
Inventor's Signature Date							
Residence: City			State		Country	Citizenship	
Mailing Address							
Mailing Address				,			
City	State		ZIP		Country		
NAME OF SECOND INVENTOR	•			A petit	ion has been fi	led for this unsigned inventor	
Given Name Ralph M. (first and middle [if any])			Family Name Steinman or Surname				
Inventor's Signature						Date	
Residence: City			State		Country	Citizenship	
Mailing Address							
Mailing Address							
City	State			ZiP		Country	
Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1\_\_ of \_1\_

		<u></u>					
Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])			Family Name or Surname				
Michel C.			Nussenzweig				
Inventor's Signature			Date				
Residence: City	State		Country		Citi	zenship	
Mailing Address							
Mailing Address							
City	State		ZIP	Country			
Name of Additional Joint Inventor, if any:				nsigned inventor			
Given Name (first and middle [if any]	)		Family Name or Surname				
Inventor's Signature						Date	
Residence: City	State		Country		c	Citizenship	
Mailing Address							
Mailing Address							
	State		ZIP	c	Country		
Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature			,			Date	
Residence: City	State		Country			Citizenship	
Mailing Address							
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City	State		ZIP		Cou	ntry	

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